

# Consent to Test for HIV – Anonymous

Anonymous consent form to be completed by COUNSELOR to verify verbal consent given by client. No client identifying information should appear on this form.

**Counselor initials**

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Client has been informed of the differences between anonymous and confidential HIV testing. Client understands that confidential reactive HIV test results will be forwarded using a non-names code to the California Department of Health for record-keeping purposes.

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Client has been informed about the limitations and implications of HIV tests. Client understands that HIV tests' accuracy and reliability are not 100% certain.

**Counselor initials**

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**Rapid Testing Only**

Client has been informed that s/he will receive his/her initial HIV test result before leaving today. Client understands that a negative test result does not require confirmation.

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Client has been informed that a reactive rapid HIV test result must be confirmed by a laboratory based test. Client consents to give a blood or oral fluid sample for this confirmatory test if his/her initial test result is reactive.

**Counselor:** By my signature below, I affirm that I have provided information to the client concerning the benefits and risks of HIV testing, and that she/he has had a chance to ask questions which were answered to his/her satisfaction. I affirm that the client has given verbal consent to each of the points initialed above, and does consent to submit a blood or oral fluid sample to be tested for HIV.

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Date

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Counselor Signature

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Counselor Printed Name